

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Accusation Against: )**

**Cassandra Lynn-Herbert Whitmore, M.D.)**

**Case No. 800-2015-013048**

**Physician's and Surgeon's  
Certificate No. A 68131 )**

**Respondent )**

**DECISION AND ORDER**

**The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on January 10, 2018.**

**IT IS SO ORDERED December 11, 2017.**

**MEDICAL BOARD OF CALIFORNIA**

By: 

**Kristina D. Lawson, J.D., Chair  
Panel B**

1 XAVIER BECERRA  
Attorney General of California  
2 JANE ZACK SIMON  
Supervising Deputy Attorney General  
3 BRENDA P. REYES  
Deputy Attorney General  
4 State Bar No. 129718  
455 Golden Gate Avenue, Suite 11000  
5 San Francisco, CA 94102-7004  
Telephone: (415) 703-5541  
6 Facsimile: (415) 703-5480  
*Attorneys for Complainant*

8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 800-2015-013048

12 **CASSANDRA WHITMORE, M.D.**  
13 **1550 Gateway Blvd.**  
**Fairfield, CA 94533**

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

14 **Physician's and Surgeon's Certificate**  
15 **No. A 68131**

16 Respondent.

17  
18 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
19 entitled proceedings that the following matters are true:

20 **PARTIES**

21 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
22 of California (Board). She brought this action solely in her official capacity and is represented in  
23 this matter by Xavier Becerra, Attorney General of the State of California, by Brenda P. Reyes,  
24 Deputy Attorney General.

25 2. Respondent Cassandra Whitmore, M.D. (Respondent) is represented in this  
26 proceeding by attorney Thomas E. Still, Esq., whose address is: Hinshaw, Marsh, Still &  
27 Hinshaw, LLP, 12901 Saratoga Avenue, Saratoga, CA 95070-9998.

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1 10. For the purpose of resolving the Accusation without the expense and uncertainty of  
2 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual  
3 basis for the charges in the Accusation, and that Respondent hereby gives up her right to contest  
4 those charges.

5 11. Respondent agrees that her Physician's and Surgeon's Certificate is subject to  
6 discipline and she agrees to be bound by the Board's imposition of discipline as set forth in the  
7 Disciplinary Order below.

#### 8 CONTINGENCY

9 12. This stipulation shall be subject to approval by the Medical Board of California.  
10 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
11 Board of California may communicate directly with the Board regarding this stipulation and  
12 settlement, without notice to or participation by Respondent or her counsel. By signing the  
13 stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek  
14 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
15 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
16 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
17 action between the parties, and the Board shall not be disqualified from further action by having  
18 considered this matter.

19 13. The parties understand and agree that Portable Document Format (PDF) and facsimile  
20 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile  
21 signatures thereto, shall have the same force and effect as the originals.

22 14. In consideration of the foregoing admissions and stipulations, the parties agree that  
23 the Board may, without further notice or formal proceeding, issue and enter the following  
24 Disciplinary Order:

#### 25 DISCIPLINARY ORDER

##### 26 A. PUBLIC REPRIMAND

27 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 68131 issued  
28 to Respondent Cassandra Whitmore, M.D., shall be and hereby is publically reprimanded

1 pursuant to California Business and Professions Code section 2227, subdivision (a)(4). This  
2 public reprimand, which is issued in connection with Respondent's conduct as set forth in  
3 Accusation No. 800-2015-013048, is as follows:

4       You departed from the standard of care with regard to the care and treatment of  
5       Patients P-1, P-2, and P-3 during 2012 – 2014, pursuant to Business and Professions  
6       Code sections 2234(c) and 2266.

7       **B.    PRESCRIBING PRACTICES COURSE**

8       Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a  
9       course in prescribing practices approved in advance by the Board or its designee. Respondent  
10      shall provide the approved course provider with any information and documents that the approved  
11      course provider may deem pertinent. Respondent shall participate in and successfully complete  
12      the classroom component of the course not later than six (6) months after Respondent's initial  
13      enrollment. Respondent shall successfully complete any other component of the course within  
14      one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense  
15      and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of  
16      licensure.

17      A prescribing practices course taken after the acts that gave rise to the charges in the  
18      Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
19      or its designee, be accepted towards the fulfillment of this condition if the course would have  
20      been approved by the Board or its designee had the course been taken after the effective date of  
21      this Decision.

22      Respondent shall submit a certification of successful completion to the Board or its  
23      designee not later than 15 calendar days after successfully completing the course, or not later than  
24      15 calendar days after the effective date of the Decision, whichever is later.

25      Failure to successfully complete the educational program or course outlined above shall  
26      constitute unprofessional conduct and grounds for further disciplinary action.

27      ///

28      ///

1           **C.     MEDICAL RECORD KEEPING COURSE**

2           Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a  
3 course in medical record keeping approved in advance by the Board or its designee. Respondent  
4 shall provide the approved course provider with any information and documents that the approved  
5 course provider may deem pertinent. Respondent shall participate in and successfully complete  
6 the classroom component of the course not later than six (6) months after Respondent's initial  
7 enrollment. Respondent shall successfully complete any other component of the course within  
8 one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense  
9 and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of  
10 licensure.

11           A medical record keeping course taken after the acts that gave rise to the charges in the  
12 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
13 or its designee, be accepted towards the fulfillment of this condition if the course would have  
14 been approved by the Board or its designee had the course been taken after the effective date of  
15 this Decision.

16           Respondent shall submit a certification of successful completion to the Board or its  
17 designee not later than 15 calendar days after successfully completing the course, or not later than  
18 15 calendar days after the effective date of the Decision, whichever is later.

19           Failure to successfully complete the educational program or course outlined above shall  
20 constitute unprofessional conduct and grounds for further disciplinary action.

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1 ACCEPTANCE

2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
3 discussed it with my attorney, Thomas E. Still, Esq. I understand the stipulation and the effect it  
4 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and  
5 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
6 Decision and Order of the Medical Board of California.

7  
8 DATED:

9 9/19/17

10 Cassandra Whitmore, MD  
11 CASSANDRA WHITMORE, M.D.  
12 Respondent

13 I have read and fully discussed with Respondent Cassandra Whitmore, M.D. the terms and  
14 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
15 I approve its form and content.

16 DATED:

17 9/29/17

18 Thomas E. Still, Esq.  
19 THOMAS E. STILL, Esq.  
20 Attorney for Respondent

21 ENDORSEMENT

22 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully  
23 submitted for consideration by the Medical Board of California.

24 Dated: October 11, 2017

25 Respectfully submitted,

26 XAVIER BECERRA  
27 Attorney General of California  
28 JANE ZACK SIMON  
Supervising Deputy Attorney General

Brenda P. Reyes

BRENDA P. REYES  
Deputy Attorney General  
Attorneys for Complainant

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**Exhibit A**

**Accusation No. 800-2015-013048**



1 KAMALA D. HARRIS  
Attorney General of California  
2 JANE ZACK SIMON  
Supervising Deputy Attorney General  
3 BRENDA P. REYES  
Deputy Attorney General  
4 State Bar No. 129718  
455 Golden Gate Avenue, Suite 11000  
5 San Francisco, CA 94102-7004  
Telephone: (415) 703-5541  
6 Facsimile: (415) 703-5480  
Attorneys for Complainant  
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FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO Nov 3 20 16  
BY                      ANALYST

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BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

Case No. 800-2015-013048

CASSANDRA WHITMORE, M.D.  
1550 Gateway Blvd.  
Fairfield, CA 94533

ACCUSATION

Physician's and Surgeon's Certificate  
No. A 68131,

Respondent.

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about April 16, 1999, the Medical Board issued Physician's and Surgeon's Certificate Number A 68131 to Cassandra Whitmore, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on October 31, 2018, unless renewed.

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## JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2004 of the Code states, in relevant part:

"The board shall have the responsibility for the following:

"(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

"(b) The administration and hearing of disciplinary actions.

"(c) Carrying out of disciplinary actions appropriate to findings made by a panel or an administrative law judge.

"(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

"(e) Reviewing the quality of medical practices carried out by physician and surgeon certificate holders under the jurisdiction of the board."

5. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

6. Section 2234 of the Code states, in relevant part:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

1 “(1) An initial negligent diagnosis followed by an act or omission medically appropriate  
2 for that negligent diagnosis of the patient shall constitute a single negligent act.

3 “(2) When the standard of care requires a change in the diagnosis, act, or omission that  
4 constitutes the negligent act described in paragraph (1), including, but not limited to, a  
5 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the  
6 applicable standard of care, each departure constitutes a separate and distinct breach of the  
7 standard of care.”

8 7. Section 2266 of the Code states: “The failure of a physician and surgeon to maintain  
9 adequate and accurate records relating to the provision of services to their patients constitutes  
10 unprofessional conduct.”

11 8. At all times relevant to this matter, Respondent was licensed and practicing medicine  
12 in Fairfield, California.

### 13 PATIENT P-1<sup>1</sup>

14 9. Patient P-1 is a 58-year-old woman with diagnoses of, among other things, chronic  
15 migraines, fibromyalgia, depression, and anxiety. Respondent assumed care of P-1 as her primary  
16 care physician in April 2004. P-1 participated in the Kaiser Permanente Chronic Pain  
17 Management Program (“Pain Program”) from May 2002 to May 2004. When P-1 left the Pain  
18 Program, she was on a regimen of Methadone,<sup>2</sup> 240 mg a day; lorazepam,<sup>3</sup> 1 mg a day (0.5 mg  
19 twice a day); fluoxetine; tizanidine; and injections of hydromorphone<sup>4</sup> and carisoprodol,<sup>5</sup> as  
20 needed.

21 <sup>1</sup> The patients are designated in this document as Patients P-1 through P-3 to protect their  
22 privacy. Respondent knows the names of the patients and can confirm their identity through  
discovery.

23 <sup>2</sup> Methadone is an opioid medication. It is a dangerous drug as defined in Business and  
24 Professions Code section 4022 and a Schedule II controlled substance and narcotic as defined by  
section 11055 of the Health and Safety Code. Methadone is used as a pain reliever and as part of  
drug addiction detoxification and maintenance programs.

25 <sup>3</sup> Lorazepam (trade name Ativan) is a benzodiazepine. It is a sedative used to treat  
26 anxiety. It is a dangerous drug as defined in section 4022, and a Schedule IV controlled  
substance. Since lorazepam has a central nervous system (CNS) depressant effect, special care  
should be taken when prescribing lorazepam with other CNS depressant drugs.

27 <sup>4</sup> Hydromorphone (trade name Demerol) is an opioid analgesic. It is a Schedule II  
28 controlled substance and narcotic and a dangerous drug as defined in section 4022.  
Hydromorphone can produce drug dependence and, therefore, has the potential for being abused.

(continued...)

1           10. From approximately August 17, 2012 through December 27, 2012, Respondent  
2 prescribed Methadone, 290 mg a day (70-75 mg every 6 hours) for P-1's chronic pain along with  
3 morphine sulfate immediate release, up to 30 mg a day; hydrocodone/APAP<sup>6</sup> 10/325,  
4 approximately 60 mg a day; carisoprodol, 4-350 mg tablets a day; and, lorazepam.

5           11. On December 27, 2012, Respondent prescribed 300 Methadone 10 mg tablets for P-1  
6 and 150 morphine sulfate SR (sustained release) tablets 60 mg, both long-acting opioid  
7 analgesics. In or about January 2013, Respondent prescribed morphine sulfate sustained release  
8 tablets for P-1 instead of Methadone. By March 27, 2013, she was prescribing 16 tablets of 60  
9 mg morphine sulfate sustained release tablets a day along with short-acting morphine sulfate for  
10 P-1's migraine headaches, hydrocodone/APAP for flares of P-1's fibromyalgia, carisoprodol, and  
11 lorazepam.

12           12. On April 11, 2014, P-1 complained to Respondent by telephone that she had received  
13 better analgesia with Methadone and requested to switch back. Respondent discontinued the  
14 morphine sulfate SR without a taper and started P-1 back on Methadone at a dose of 60 mg every  
15 6 hours.

16           13. On April 17, 2014, P-1 complained of being lethargic and sleeping all day on the  
17 Methadone and asked to resume taking long-acting morphine again. She said that while  
18 Methadone controlled her pain better, she did not have the Methadone side effects on morphine.  
19 Respondent discontinued the Methadone and restarted morphine sulfate SR without assessing the  
20 goals of this revised therapy.

21           (...continued)

22           It has a central nervous system depressant effect.

23           <sup>5</sup> Carisoprodol (trade name Soma) is a muscle relaxant and sedative. Carisoprodol is a  
24 Schedule II controlled substance and a dangerous drug as defined in section 4022. Using  
25 carisoprodol together with hydrocodone may increase side effects such as dizziness, drowsiness,  
26 confusion, and difficulty concentrating.

27           <sup>6</sup> Hydrocodone bitartrate with acetaminophen or hydrocodone/APAP (trade names Norco,  
28 Vicodin, Lortab) is an opioid analgesic. It is a Schedule II controlled substance and narcotic and is  
a dangerous drug as defined in section 4022. Hydrocodone can produce drug dependence and,  
therefore, has the potential for being abused. It has a CNS depressant effect. The strength of a  
tablet is indicated by mg of hydrocodone/mg of acetaminophen, e.g., 5/500 reflects 5 mg of  
hydrocodone and 500 mg of acetaminophen. The maximum 24 hour dosage of acetaminophen  
should not exceed 4000 mg. At high levels, acetaminophen can cause liver toxicity and even  
death.

14. On April 3, 2015 Respondent replaced hydrocodone/APAP with oxycodone/APAP,<sup>7</sup> a more potent pain reliever, with no documentation as to the reasoning. On this date, Respondent prescribed 240 - 5/325 mg tablets. On April 15, 2015, P-1 requested a change from hydrocodone/APAP to oxycodone/APAP because she felt she was not taking anything at all. Twelve days after prescribing 240 oxycodone tablets, Respondent prescribed another 120 tablets at the stronger 10/325 mg strength. By May 28, 2015, the oxycodone was changed back to hydrocodone, again without documentation as to the reasoning.

15. Respondent's medical records for Patient P-1 from October 17, 2013 through October 14, 2015—when she began to taper P-1's pain medications—do not reflect any periodic review or monitoring of P-1's pain requirements, no assessment of progress toward treatment goals or examination of side effects or assessment of the potential for diversion with urine drug testing or pill counting. On May 28, 2015, Respondent documented that she had discussed pain management with P-1, including the possibility of hyperalgesia due to high dose narcotics over many years and she encouraged a pain management referral, but, she continued to prescribe high levels of narcotics.

**FIRST CAUSE FOR DISCIPLINE**

**(Gross Negligence, Repeated Negligent Acts/Failure to Maintain Adequate Records)**

16. Respondent is guilty of unprofessional conduct and subject to disciplinary action under section 2234, subdivision (b) and/or (c), and section 2266 of the Code in that Respondent was grossly negligent and/or committed repeated negligent acts, and she failed to maintain adequate records in the practice of medicine, including but not limited to the following:

A. Respondent failed to periodically review goals, adverse effects, and adherence in a patient on high doses of a long acting opioid, numerous short acting opioids, along with benzodiazepine and carisoprodol without appropriate documentation.

<sup>7</sup> Oxycodone with acetaminophen or oxycodone/APAP (trade names Percocet, Endocet, Roxicet) is a short-acting opioid whose principal therapeutic action is analgesia. It is a dangerous drug as defined in section 4022 and a schedule II controlled substance and narcotic as defined by section 11055 of the Health and Safety Code. It is a more potent pain reliever than hydrocodone.

1 B. On April 11, 2014, after more than a year off of Methadone, Respondent  
2 switched P-1 from morphine sulfate SR back to Methadone without tapering the morphine; she  
3 restarted P-1 on 360 mg of Methadone a day although, because of Methadone's long and variable  
4 half-life, the starting dose should not have exceeded 40 mg a day; and, she did not address the  
5 goals of the revised therapy.

6 C. Respondent prescribed morphine for P-1's migraines although opiates are not  
7 effective for acute migraine treatment and can contribute to medication overuse headache,  
8 potentially exacerbating the symptoms; and, she prescribed hydrocodone APAP for "flares" of  
9 fibromyalgia although strong opiates are not indicated for fibromyalgia.

#### 10 PATIENT P-2

11 17. Patient P-2 is a 57-year-old woman with diagnoses of, among other things, chronic  
12 pelvic pain, fibromyalgia, and depression. She began treating with Respondent in March 2003.  
13 P-2 participated in the Kaiser Permanente Pain Program from January 2002 to December 2004.

14 18. During 2012 through 2014 Respondent prescribed Methadone, hydromorphone, and  
15 diazepam<sup>8</sup> for Patient P-2. Medical records for P-2 document, and Respondent stated at her  
16 February 3, 2016 Medical Board interview, that Patient P-2 missed many of her scheduled  
17 appointments with Respondent. The records further document that many of P-2's appointments  
18 were by telephone and that she was frequently notified that her prescriptions were ready for pick  
19 up without being seen. On July 22, 2014, it was noted in P-2's medical record by another  
20 physician at Kaiser that P-2 had not seen her primary care physician, Respondent, for over a year  
21 and had not had a urine drug screen while continuing to receive controlled substances.

#### 22 PATIENT P-3

23 19. Patient P-3 is a 65-year-old man with multiple diagnoses including, among other  
24 things, spinal stenosis, sleep apnea, and depression with a history of multiple suicide attempts. P-  
25

26  
27 <sup>8</sup> Diazepam (trade name Valium) is a benzodiazepine. It is a psychotropic drug used for  
28 the management of anxiety disorders or for the short-term relief of the symptoms of anxiety. It is  
a dangerous drug as defined in section 4022 and a Schedule IV controlled substance.

1 3 began treating with Respondent in May 2003. He participated in the Kaiser Permanente Pain  
2 Program from February 2000 to November 2007.

3 20. P-3 attempted suicide in March 2014 followed by a psychiatric hospitalization. He  
4 attempted suicide again in or about July 2014, was hospitalized again, and then transferred to a  
5 psychiatric facility where he was weaned off of the clonazepam<sup>9</sup> and Methadone that Respondent  
6 had been prescribing for him. Prior to P-3's second suicide attempt, Respondent had been  
7 prescribing Methadone 60 mg a day and clonazepam 1 mg. in the morning and 2 mg in the  
8 evening.

9 21. Shortly after the second hospitalization, P-3 asked to go back on clonazepam and  
10 Methadone. After consulting with the Pain Clinic, Respondent obtained P-3's agreement to  
11 attend the intensive outpatient program and she had P-3 sign a pain contract. On August 19,  
12 2014, Respondent resumed prescribing Methadone and clonazepam for P-3 at the doses he had  
13 been taking prior to his suicide attempt rather than at usual starting doses.

14 **SECOND CAUSE FOR DISCIPLINE**  
15 **(Repeated Negligent Acts)**

16 22. Respondent is guilty of unprofessional conduct and subject to disciplinary action  
17 under section 2234, subdivision (c), of the Code in that Respondent has committed repeated  
18 negligent acts in the practice of medicine including, but not limited to, the conduct alleged in her  
19 treatment of Patient P-1, above, and the following:

20 A. Respondent continued to prescribe controlled substances to Patient P-2 at her  
21 usual doses despite P-2 routinely failing to make follow up appointments over an extended period  
22 of time to permit Respondent to evaluate the benefits of her treatment of Patient P-2, any adverse  
23 side effects of the medications prescribed, and P-2's adherence to the treatment plan.

24  
25  
26  
27 <sup>9</sup> Clonazepam is a benzodiazepine used to treat certain seizure disorders and panic  
28 disorder. It is a dangerous drug as defined in section 4022 and a Schedule IV controlled  
substance.

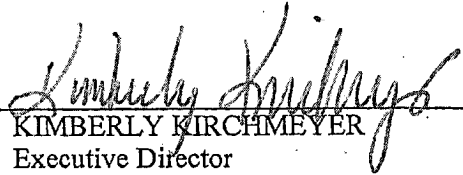
1 B. Respondent resumed prescribing Methadone and clonazepam for Patient P-3 at  
2 the doses he had been taking prior to his suicide attempt rather than at usual starting doses.

3  
4 PRAYER

5 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
6 and that following the hearing, the Medical Board of California issue a decision:

- 7 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 68131,  
8 issued to Cassandra Whitmore, M.D.;
- 9 2. Revoking, suspending or denying approval of Cassandra Whitmore, M.D.'s authority  
10 to supervise physician assistants, pursuant to section 3527 of the Code;
- 11 3. Ordering Cassandra Whitmore, M.D., if placed on probation, to pay the Board the  
12 costs of probation monitoring; and,
- 13 4. Taking such other and further action as deemed necessary and proper.

14  
15 DATED: November 3, 2016

  
KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
Complainant

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